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## PREFERRED DRUG LIST / COMMON CORE FORMULARY CHANGES, 90 DAY SUPPLY LIST CHANGES, AND DRUG UTILIZATION REVIEW BOARD SERVICE AUTHORIZATION CHANGES

The following new drugs and service authorization criteria were recently reviewed and approved by the Drug Utilization Review Board on March 9, 2023 and March 23, 2023. These changes, along with a complete listing of preferred drugs and service authorization requirements, are posted on the Virginia Medicaid Pharmacy Services Portal at: <https://www.viriniamedicaidpharmacyservices.com/provider>

**Effective immediately**, the following drugs require a service authorization (SA).  
SA forms can be found at:  
<https://www.viriniamedicaidpharmacyservices.com/provider/authorizations>

- Hyftor™
- Lytgobi®
- Rezlidhia™

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The DMAS P&T Committee conducted its annual review of the following PDL Phase II drug classes and reviewed new drugs in PDL Phase I on September 22, 2022.

**On July 1, 2023**, the following changes and additions to the Preferred Drug List (PDL) will be effective.

| Virginia Preferred Drug List Changes Effective July 1, 2023 |   |   |
|---|---|---|
| Drug Class  | Preferred                                       | Non-Preferred<br>(requires SA)                    |
| Antipsychotics  | lurasidone<br>Vraylar™<br>Perseris®             | Latuda®   |
| Multiple Sclerosis Agents                                   | dalfampridine ER<br>fingolimod<br>Aubagio®      |   |
| Antimigraine Agents, other                                  | Aimovig™<br>Ubrelvy™                            |   |
| Cytokine and CAM Antagonists                                | Infliximab                                      | Arcalyst<br>Inflectra® vial                       |
| Anticonvulsants   | lamotrigine ODT<br>Nayzilam®                    | Lamictal® ODT<br>lacosamide solution unit<br>dose |
| Hypoglycemics, SGLT2  |   | Invokamet™ XR                                     |
| Hypoglycemics, Insulin and<br>Related Agents                | insulin glargine pen<br>insulin glargine vial   | insulin lispro protamine mix<br>kwikpen (AG)      |
| Antidepressants, other                                      | Viibryd®  |   |
| Intranasal Rhinitis Agents                                  | Dymista®  |   |
| Acne Agents, topical  | adapalene gel OTC                               | Differin gel OTC                                  |
| Antibiotics, vaginal  |   | Vandazole™ gel                                    |
| Androgenic Agents   | testosterone gel pump<br>(generic of AndroGel®) |   |
| NSAIDS  | diclofenac sodium oral                          |   |

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| Erythropoiesis Stimulating Proteins        |  | Retacrit™<br>Reblozyl®   |
| Antifungals, topical                       | clotrimazole solution rx                     | Mycozyl AC cream OTC<br>salicylic acid ointment<br>tolnaftate solution OTC |
| Antihyperuricemics                         |  | allopurinol 200mg (AG)   |
| Hypoglycemics, Incretin Mimetics/Enhancers | Kombiglyze™ XR<br>Onglyza™<br>Jentadueto™ XR |  |
| Rosacea Agents, topical                    | metronidazole gel<br>metronidazole cream     | Metrogel®<br>Metrocream®   |
| <b>Stimulants and Related Agents</b>       | methylphenidate solution                     |  |
| Contraceptives, other                      | Depo-Provera® 104mg                          |  |

Classes in red designate Common Core Formulary “closed classes”

**NEW CLOSED CLASSES**

AG = authorized generic

**SA criteria can be found on the updated Preferred Drugs List (PDL/Common Core Formulary) at:**

<https://www.virginiamedicaidpharmacyservices.com/provider/preferred-drug-list>.

**SA forms for specific drugs or drug classes can be found at:**

<https://www.virginiamedicaidpharmacyservices.com/provider/authorizations>

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| Virginia 90 day list changes Effective July 1, 2023 |   |  |
|---|---|--|
| Drug Class  | Added   | Removed  |
| Antidepressants, other                              | Viibryd®                                      |  |
| Anticonvulsants                                     | lamotrigine ODT                               | Lamictal® ODT<br>lacosamide solution unit dose |
| Antipsychotics                                      | lurasidone<br>Vraylar™                        | Latuda®  |
| Hypoglycemics, Incretin<br>Mimetics/Enhancers       | Kombiglyze™ XR<br>Onglyza™<br>Jentadueto™ XR  |  |
| Hypoglycemics, SGLT2                                |   | Invokamet™ XR                                  |
| Hypoglycemics, Insulin<br>and Related Agents        | insulin glargine pen<br>insulin glargine vial | insulin lispro protamine mix<br>kwikpen (AG)   |
| NSAIDS  | diclofenac sodium oral                        |  |
| Antihyperuricemics                                  |   | allopurinol 200mg (AG)                         |
|   |   |  |